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LEADING ARTICLES

NOTES OF TRAVEL IN EUROPE—RAILROADS.

A. L. BENEDICT, M. D.

BUFFALO.

THE American is brought up in an atmosphere of national boastfulness and he goes to Europe expecting to find appalling degrees of poverty, lack of enterprise and a general inferiority in the material refinements of civilization. It is human nature to regard everything that is different from our own customs and institutions as less desirable and the average traveler on his return, emphasizes the minor discomforts to which he has had to submit and regards every instance of discourtesy or fraud as characteristic. He also does all sorts of things that he would not do at home, sees the seamy side of life, comes into contact with the degraded class of men and women who prey upon the stranger, and imagines that he has sampled European morals and manners.

For purely business reasons, our railroads have taken pains to impress upon a willingly credulous people, the immense superiority and greater economy of our system of private ownership. A presentation of the other side of the question may not be out of place, even if it is not directly in line of professional study.

First of all, it should be understood that it is just as impossible to make sweeping statements regarding the European railways as it is to give a description that would fit every road in the United States, Canada and Mexico. There are differences between the railways of different nations, between the equipment of through and local trains, between service in densely populated and thinly populated localities just as with us.

The safety of operation is universally conceded to be greater in Europe than in America. So far as one not an expert can judge this is not due so much to mechanical factors as to discipline and the general habit of carefulness.

Roadbeds are generally better than in America, there are fewer curves, fewer steep grades, more tunnels, highway crossings at grade are rare, and there is better protection from trespassers either of the class who simply endanger their own lives or who cause damage and loss to the company, or who endanger passengers. Switzerland is a marked exception in regard to the first two points, many of the grades being so steep that trains are cut up into small sections, hauled by special locomotives set at an angle on their trucks, and provided with cogged traction wheels working in cogged rails.

The cars and trucks are generally smaller and lighter, so that there is more jarring and oscillation in proportion to speed than in America.

In comparing fares, the equivalent of American first-class service is third class in England and something between second and third class in the continent. On this basis, the fares are slightly cheaper than a rate of two cents a mile. Second class in Europe is almost exactly equivalent to the day service in a state-room in an American Pullman car.

Third class is about equivalent to the service in an American electric car. The third class compartments are clean and patronized by all grades of society except the highest. Third class is plenty good enough for short trips, but the seats are hard wooden ones like those of a trolley car, and it is not advisable for one who can afford second class to travel third class for long distances.

First class does not differ practically from second class; there are more expensive hangings and upholstery, sometimes the seats are a trifle softer and sometimes the backs are

covered with an elaborate "tidy." It is kept up simply to gratify social ambition. Very rarely — except in Switzerland where the gradient necessitates economy in number of cars—is there any trouble in finding abundance of room in second class compartments. First class travel corresponds in expense to American parlor car travel, but, being graded by kilometers is cheaper for short distances.

Sleeping cars are about the same as with us. Dining cars look exactly the same as ours, except that they are shorter. They serve very good table d'hote meals, about one-third cheaper than in America, though rates vary and one can order a la carte at least in some.

In Germany and some other countries, local trains carry fourth class cars, which afford a rate of about a cent a mile to the peasantry. Some of these cars are merely ordinary box cars with temporary benches, others are quite comfortable and clean. One often sees freight cars stamped "twenty persons, six cattle."

While compartment cars are the rule all over Europe, those without corridors or toilet facilities are mainly limited to local traffic. On account of the short distances, the length of stops at stations, the frequency of trains and the free allowance of stop-overs, the latter lack is not very important. I must confess to having been somewhat alarmed once in England, when an apparently intoxicated, husky and villainous appearing workman entered the compartment that I had enjoyed alone for some distance. But appearances were deceptive. He was not drunk and proved to be sociable and very well informed. On through trains, corridors run the whole length of the car, toilet rooms are practically equal, except for the absence of ice in the drinking water, to those of Pullman cars, one is perfectly safe and enjoys greater privacy than in Ameria, even in a parlor car and the mere fact that there are seldom more than four or five passengers together, establishes a precedent for sociability among persons of a refined class, which not only relieves the tedium of travel, but enables a stranger to get a great deal of valuable information. Vestibuled trains are rather frequent for long distance traffic, but one is expected to keep to his own class and car.

Terminal facilities are much better than with us. The stations average better, both architecturally and as a matter of convenience. Slot machines dispense cigars, cigarettes, packages of needles and thread, confections, etc., for about the equivalent of two cents.

Local checking of baggage in stations is much cheaper than with us, costing four cents in England, two cents on the continent, with the same charge for holding baggage a day, instead of our charge of a quarter. On the other hand, it is only occasionally that one can check baggage in advance in England and on the continent, there is usually a two-cent fee for checking any baggage and anything over fifty pounds requires an excess rate nearly as high as by express. In Switzerland, especially on the cog railways, the limit is much lower—five kilograms on the cog railways—and a charge may be enforced even for an excess of hand bagagge. Theoretically a traveler is allowed only as much hand bagagge as he can put in the rack over his seat, but the rule is not usually enforced. Traveling with a trunk is, therefore, much more troublesome and expensive in Europe than in America, and the man who can get along with a suit case is at an advantage.

The cost of traveling in Europe is greatly lessened on account of the more reasonable charges for incidentals. The traveler pays for reading matter and various little comforts just what he would elsewhere in Europe instead of paying an extra tax simply because he is a traveler, and even meals are not much higher than outside. In addition, car fare, cab fare, etc., are about half what they are in America, hotel bills at least 25 per cent lower and tips, though more numerous, much less in the aggregate.

In England, many trains make as high speed as in America; on the continent, 25 miles an hour is not often exceeded and accommodation trains average about 20 miles. On the other hand, trains are much more frequent, and they almost always maintain their schedule time. When they do not, the reason as well as the amount of the delay is posted on a blackboard. One reason for the slow time on European railways is the nearness of large cities, and the importance, socially and commercially as well as from the historic and artistic interest, of places of small population. It is simply impossible to make up a train schedule to accommodate the bulk of travel on a few direct lines with infrequent stops and with passenger tracks clear for hours at a time, as in America.

Aside from cheap excursions at certain times or for certain places, as with us, the European railways encourage travel in a way that our own might well imitate. For instance, one plans out a route which may or may not end at the starting point and buys a round-trip ticket which is literally for a round trip and not for a straight passage back and fourth. For this trip he pays a reasonable wholesale rate approximating

a cent and a half a mile second class, without being compelled to buy transportation in blocks of five hundred or a thousand miles. A book of tickets is made up for him. He can stop off at any principal point "without formality" or anywhere else in reason, without notice, by having his ticket stamped by the station agent. Each ticket in the book is good in either direction and by any reasonably direct route, including water routes wherever available. He can, of course, make side trips to supplement his original plan, as much as he chooses. The sole requirement is that he must complete his journey by a certain date, usually within a two months' limit. The smaller countries also sell tickets of different classes, good for unlimited travel, with stopovers, for a week, two weeks, etc. Thus one can travel all over Belgium or Switzerland for about eight dollars, and all over Holland for two dollars at certain times. The idea is to encourage students and others to know their own country.

One great advantage of European travel is the relative lack of red tape. There are certain rules as to standing on the platform, etc., as with us, but with the difference that, wherever one encounters a rule in Europe he must almost invariably observe it. It is rarely, however, that one finds a rule that bears oppressivelly on any one with due regard to his own safety and the rights of others, at least if he considers the rule as operating all the time. There is no viséing of tickets, no worry as to whether a ticket is good by this or that route—provided of course that it is reasonably direct—whether one must get to this or that station, if trains for a certain place leave from more than one, whether a ticket is good for this or that train, provided it carries cars of the class for which the ticket was bought, no fear, in short, that a ticket will be invalidated by some technicality that makes no difference to the carrier.

CANCER RESEARCH.—An investigation into the cause of cancer and its possible prevention and cure has been begun in the College of Physicians and Surgeons, New York, under the direction of a committee consisting of Dr. Samuel W. Lambert, Dean, Dr. William J. Gies, Professor of Biological Chemistry, Dr. Philip Hanson Hiss, Jr., Professor of Bacteriology, Dr. Francis Carter Wood, Professor of Clinical Pathology, Dr. Gary N. Calkins, Professor of Protozoology, and Dr. Eugene H. Pool, Instructor in the Department of Surgery.

IMPETIGO.

WILLIAM S. GOTTHEIL, M. D.,

NEW YORK.

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THE entire subject of impetigo, like that of lichen, pemphigus, and others, suffers from the confusion and indefinitenes incidental to maladies the exact boundaries and variations of which are still undecided. Whilst certain definite affections are generally accepted as impetigos, there are others in which there is a question between them and such apparently different maladies as trichophytosis on the one hand and pemphigus on the other. Further, the zeal for differentiation on the part of certain observers, notably Unna and his school, has led to the proclamation of a number of varieties of the disease, to the further confusion of the student. Excluding entirely recent and still unconfirmed conclusions of periodical literature, and confining myself to the more or less authoritative statements of the permanent publications included in the period that begins with Jarisch in 1900, and ends with Bloch in 1908, I find that there are certain facts concerning this class of diseases that are very generally accepted, and which may be taken to represent the present state of our knowledge concerning them. They are as follows:

1. Impetigo is accepted as the name of a class of more or less infectious diseases of the skin, characterized by the appearance of superficial vesico-pustules drying up into honey-like crusts, each lesion running a definite course, leaving a stain but no scar, occasioned by the pus organisms, and sometims eventuating in the deeper pus infections of the integument.

2. Varieties.

A Impetigo Staphylogenes (Böckardt), a well defined clinical entity.

B. Impetigo vulgaris, the Impetigo Contagiosa of Tilbury Fox, and the commonest form of the disease. Of this Impetigo circinata is merely a subvariety; and so also is very probably Impetigo Neonatorum or Pemphigus Acutus Benignus Afebrilis in some of its forms (severer affections under this last heading are true pemphigus). Unna's Impetigo Serosa, Impetigo Protruberans, Impetigo Leucofibrinosa, Impetigo Multilocularis, etc., are unimportant subvarieties of the same affection.

C. Impetigo Herpetiformis (Hebra) also a well-defined clinical entity.

3. Cause.—The ordinary staphylococcus is generally recognized as the etiological

factor in all varieties of impetigo. The differences from the ordinary pus organisms that Unna and others have claimed to exist are not recognised by Matzenauer, Kreibich, and most of the other investigators, Sabouraud's claim for the streptococcus as the cause is not accepted.

4. Pathology.—A staphylococcic infection of the epidermis alone, without relationship to the lanugo or other hair follicles, though infection of these latter may occur secondarily. A unilocular, non-umbilicated vesicle is formed, not a double one, as Unna states. The exuded serum is indistinguishable from that of eczema.

5. Epitome of the symptomatology of the three impetigoes:

A. Impetigo staphylogenes (Böckhart): Globular, vesico-pustule formation, appearing so quickly that it is usually pustular when first seen. Narrow red border. Grow to pea size or larger. Last two to fourteen days. Rupture or dry up into a honey-like crust composed of the upper corneous layers, dried serum and pus. Crusts fall off leaving round moist depression in the epidermis. Oozing sero-pus may cause reformation of the crust. No scars. Often leads to hair follicle infection and furuncle formation. Site, trunk where clothing rubs, especially neck, waist, forearm, lower leg, etc. Rare on face and hands, but may be inoculated anywhere. Lasts indefinitely.

B. Impetigo Vulgaris s. Contagiosa.—Most frequent form, oftenest seen in the neglected children of the poor, and in summer. Occurs mostly in sites exposed to irritation and kept moist, as around lips and nose, around discharging ear, with scabies, urticaria, etc. Flat, discrete vesico-pustules, usually on face and back of hands; rare on body. Itch considerably. Sometimes grouped and in rings; so that the circinate form appears when the older central lesion has retrogressed, or when a single lesion sinks at the center whilst progressing at the periphery. Definite course lasting about two weeks for each lesion; indefinite course (reinoculation) for entire disease. Never eventuates in deeper skin infection. Very contagious. Affects children almost exclusively, though the circinate form has often been seen in adults. The milder forms of the so-called impetigo neonatorum are indistinguishable from impetigo contagiosa.

C. Impetigo Herpetiformis(Hebra, 1872).—Affects women almost exclusively, usually at the end of pregnancy, seldom during the puerperium or in connection with uterine disease. Very rare. A pustular eruption begins in the genito-crural region, and spreads over the body, especially the mammary region and the mouth mucosa. General infection, fever, chills, etc. (sepsis?) Fatal in over half the cases in the first attack; liability to other and often quickly fatal attacks in subsequent pregnancies. Has been claimed by Duhring as a variety of dermatitis herpetiformis; but seems to me to belong in the pemphigus group rather than in that or in the impetigoes at present under consideration.

6. Prognosis.—Good in all save the impetigo herpetiformis.

7. Treatment—.Very simple.

A. Ordinary Impetigo.—1. Remove crusts gently but repeatedly. (They contain pus cocci in abundance.)

2. Disinfect base of pustules with tampons soaked in 1 per cent bichloride solution.

3. Use a dessicating paste: sulphur 10 per cent, zinc oxide 10 per cent, kaolin 10 per cent, in ungt. aq. rosae, with perhaps 3 to 5 per cent of ichthyol added. Or use white precipitate ointment, 1 to 3 per cent for younger, and 5 per cent for older children.

B. For the generalized eruptions (impetigo neonatorum and impetigo herpetiformis):

1. Isolation. 2. Hot baths, especially with cort. quercus (500.0 to 4 liters of water) or starch baths. 3. Ointment treatment as for commoner forms. 4. General symptomatic treatment.

144 W. 45th St.

The reason that gonorrhea is not universal (from laundry, contact, extensive distribution) is because the gonococcus becomes inert on exposure to the atmosphere for four to six hours.—Robinson.

Woman Doctor a Mayor.—For the first time in its municipal history, Great Britain has a woman mayor in the person of Mrs. Garret Anderson, M. D., recently elected Mayor of Aldeburgh. Mrs. Anderson is the pioneer woman physician of England, having received her degree in Paris in 1870, after the English medical college had refused to admit her. Her fight to enter the medical profession was used by Charles Reade as a part of the theme of his novel, 'The Woman Hater.'' After the establishment of the London School of Medicine for Women, Mrs. Anderson served as its dean from 1876 to 1898, and in 1896 was elected president of the East Anglian branch of the British Medical Association. She was senior physician to the Euston road Hospital for Women from 1866 to 1890, having received a license to practise five years before she passed her final examinations. She is an ardent woman suffragist.

DIET IN HYPERACIDITY.

J. M. BELL, A. M., M. D.

ST. JOSEPH, MO.

THOSE who do any gastric work realize how frequent are cases of hyperacidity; like the poor they are with us always, and like poverty its origin is many sided. There is a distinction made, more classic than clinical, between hyperacidity, hyperchloridia and hypersecretion; but whether the gastric output contains a large prercentage of acid than normal, or the percentage be correct but the qauntitiy be execssive only as a result of increased secretion, or the total secretion, mucus and succus be excessive, makes little difference from a dietary standpoint. The term "hyperacidity" is used categorically and at once rid itself of all misconstruction.

Another misleading factor I would banish from the consideration of the subject is the intimacy with which hyperacidity has been linked with neurasthenia. So frequently this subject, as with gastroptosis and enteroptosis, when under discussion, is regarded as a concomitant, pure and simple of neurasthenia, an imputation, which in the minds of those less informed, at once places such cases in the group of those semi-curable lesions, which are hardly worth working with and in which the prognosis is, to say the least, unsatisfactory. While hyperacidity is usually accompanied with a condition of nervous disturbance, in the vast majority of cases, it is one of over-stimulation, only, and in no sense psychic. These acid conditions are practically always the result of long continued over-stimulation, irritation within the stomach or reflected through the solar and splanchnic centers. (1) Within the viscus—from over-eating, rapid eating, injudicious use of high seasoning, too much salt, pepper, spice, mustard or alcohol; or (2) systemic, from hard pressure of business and conditions creating high blood pressure with increased nerve enervation. If within the stomach, from local irritation, the mucosa is congested and hyperesthetic, such an increased vascularity means excessive glandular activity; if through exalted nerve tension, this same result obtains, increased glandular activity. The oxyntic glands may alone be affected or the entire glandular element may participate in the disturbance. In either case the result is the same, increased acidity.

The selection of diet to meet this condition, must take into consideration, first, the local effect of the food on the stomach; second, its systemic influence; third, its digestibility and sojourn in the stomach; fourth, the standpoint of nutrition, and fifth, its caloric value.

There is much to be said, pro and con, upon this question of diet. Opinions differ diametrically. There are those who advocate a pure animal diet, and this view is shared by the majority of general practitioners. It is founded upon the fact that animal foods, animal albumen, requires as much larger percentage of hydrochloric acid in being converted into syntonim, the first step of stomach digestion, than does vegetable albumen, thereby using the excess of acid present. This fact is not disputed, but there are other factors to be considered which outweigh it. Utilizing the acid is beginning at the wrong end of the equation, since the acidity is the end product, the result of the disease, not the disease itself. My experience in the treatment of these cases has lead me to disregard this routine idea and adopt a modified carbohydrate and fat dietary as the one best adapted to the relief of all symptoms.

The Effect of Food upon the Stomach.—First, the soothing influence of carbohydrates upon the gastro-intestinal tract has long been acknowledged. While it demands less HCl for its conversion, its quieting effects upon the mucosa is a distinct sedative to the hyperemia, which accompanies hyperacid conditions. The same can be said of oils, particularly those of low melting point, like butter, cream, olive oil and bacon. The sedative quality of olive oil is even more pronounced than that of carbohydrates. In fact, its administration preceding the meal has a distinct inhibiting effect upon the peptic gland. This has been substantiated by D. M. Cowie of Ann Arbor, and J. F. Munson, of Sonyea, New York, atfer long series of experiments recently published in the Archives of Internal Medicine. During the active acid period, meat and eggs seem to be indicated, because they use the excess of HCl, but they unfortunately have a stimulating effect upon the glands, which thus call out a persistent excess of secretion. For hypoacid conditions (anacid state) a juicy ,tender beefsteak is an ideal stimulant to glandular activity.

The Systemic Influence of Food.—What has been said of meats, eggs, proteids in general of a local effect may also be applied to systemic influence. Animal food is stimulating. It excites the circulation, the nervous system, it creates that feeling of well being which in those of a sensitive build, amounts to over-stimulation. It increases the flow of bile; a juicy beefsteak is as good a stimulant to the hepatic as to the gastric

function. A ready comparison may be observed in the animal kingdom in the ferocity of carnivora, as compared with the mildness of herbivora. The housewife realizes this, and learns to withhold meat from the cat, knowing it will develop fits. Hyperacidity occurs in just that class of people who must deny themselves animal food; they do infinitely better without it. The excessive gastric secretion is but a local manifestation of a general over-stimulation, whether it be from overwork, social functions, high living, overstudy or what not. While an animal diet does seem indicative from this one standpoint, that of excessive HCl, on the whole, it materially delays the ultimate cure and leads the patient to a meat habit, which in short time reflects seriously upon the kidney.

Third.—*Digestibility and Sojourn in the Stomach.*—It must be admitted that an highly acid medium is well adapted to the digestion of meat, this goes without saying, also that starches will not be taken care of in such a menstrum, but this apparent stumbling-block can be surmounted in several ways: First, by the exhibition of alkalies before the meal to neutralize the acid always present, even in the empty stomach of such cases, followed in fifteen minutes by olive oil, which essentially inibits glandular activity; second, administer soda bicarb, fifteen to thirty grains, in full glass of warm water, and follow it in fifteen minutes by quarter grain of extract of belladonna and a half grain of silver nitrate. This combination disposes of all acid, inhibits gland activity and is soothing to the congested mucosa. Presume for argument sake, these measures are only partially efficient, as is the case at times, there is still another happy phase of the procedure, in that carbohydrates are much more quickly passed in the duodenum than are proteids, they, therefore, insure greater periods of rest for the stomach, a consideration always to be recognized. Starches begin to pass the pyloris in thirty or thirty-five minutes, and if well masticated, disappear in an hour or thereabouts. Proteids require from one to four hours. Rest (organic, body and mental) is a potent factor in all conditions of over-stimulation.

Standpoint of nutrition presents no difficulties. I have yet to see hyperacidity in the presence of marked anemia. The restricted diet always results pleasantly to the patient, in many cases actual increase of weight follows. This is to be attributed, perhaps, more to the general atmosphere of hygiene with which such cases are surrounded than to the diet. These cases are made to adhere as close as their business and social conditions will admit, to the simple life; long hours of sleep, early morning cold bath, with brisk rubbing, abstenance of all stimulants in food, drink and daily habits, long walks in the open air, plenty of cold water, driving, riding, tennis, golf, bowling, along with any special treatment, physical or medical indicated. From a standpoint of nutrition the results are always beneficial, corpulent patients are kept upon it more rigorously enforced long enough to lose twenty-five to thiry-five pounds of flesh. Here the water is restricted, as well as the amount and variety of food and the exercise increased. Those of spare build are not restricted in quantity of water nor food, and as symptoms disappear, are permitted a lean, juicy beefsteak at the noon meal, but even without the steak, they hold their weight and increase.

The caloric value in cases of hyperacidity is a factor difficult to reach for many reasons. I refer to the caloric value of food digested, not of that eaten. The ultimate digestion and assimilation of food depends upon so many conditions. Even in apparent health, with fair mastication, 10 percent of carbohydrates and nitro-proteids are passed in the feces, which normally should show neither, and of fats about 20 per cent. With imperfect mastication, 50 to 90 per cent of all food stuffs is lost to the body. This is specially so with hyperacid conditions, since such people are usually rapid eaters. Again, peristalsis keeps pace with acidity, increasing with the height of the latter; so much so is this the case that food is hurried through the stomach before the normal changes have been affected. In these cases the stomach is found entirely free from all food stuffs in thirty to sixty minutes after ingestion. For standard purposes two hundred or three hundred calories of the standard ration may be considered wasted by failure of digestion and imperfect mastication; but when rapid eating and exaggerated peristalsis are added to the equation, the only means of estimating the daily 2500 calories is by weighing the food taken and daily analysis of the feces.

To recapitulate, the treatment of hyperacid conditions is essentially a sedative one, not only for the digestive organs, but for the body at large.

Animal food is contraindicated because of its stimulating influence upon the stomach, as well as body. Carbohydrates and fats are particularly of value because of their soothing influence upon the mucosa and sedative effects upon the nervous and circulatory systems.

SELECTED ARTICLE

THE A, B, C OF GONORRHEA.

BYRON ROBINSON, M. D.

CHICAGO, ILLINOIS.

In 1893 I first proved from autopsic specimens that the vesiculae seminales were frequently attacked by gonococcus (identical with salpingitis). They serve as a tubercular focus.

In 1894 I announced and published that many rectal strictures (especially in women,) were due to gonorrhea (chiefly due to the contiguity of rectum and vagina).

It is my opinion that 75 per cent. of young men reared in a large city have had one or more attacks of gonorrhea.

I believe that at least 60 per cent of women marrying men who have been afflicted with gonorrhea acquire the same disease.

A gonorrheic may infect the consort, who, serving as a cultivation medium, may return it with different pathologic characteristics.

A couple may receive and return the gonococcus with varying pathologic characteristic infections until the virus is attentuated beyond pathologic effects. They are immune to each other.

The gonococcus is capable of affecting pathologically the seroas (peritoneum, pleura, pericardium, joint serosa and the serosa lining the blood vessles and lymph channels), and also the mucosa (mucosa of genital, intestinal, urinal, respiratory tracts and ducts leading to glands).

The reason that gonorrhea is not universal (from laundry, contact and extensive distribution) is because the gonococcus becomes inert by four to six hours of exposure to air.

The native home of the gonococcus is mucosa, especially the cylindrical type.

It is my opinion that in 95 per cent of women who have not borne children pyosalpinx is of gonorrheal origin.

In the vast majority of women who have borne children or suffered abortion and are afflicted with pyosalpinx, it is of gonorrhea origin.

In 95 per cent of subjects possessing bilateral pyosalpinx it is of gonorrheal origin. The oviducts may become attacked at different periods of time.

The clinical history is the only definite method to determine the character of the original infection of the oviduct.

The presence of streptococcus in an oviduct, in the absence of a history of puerperal infection with a history of gonorrhea, is not an indication that gonorrhea germs are not the responsible agents for the original or primary infection.

Ninety-five per cent of gonorrheal pyosalpinx eventually presents itself in the opposite oviducts.

The separation of the entire pelvic adhesions is not essentially necessary for the success of pyosalpinx operations, especially so if they do not damage previous to the operation and are in unimportant localities. The pyosalpinx focus being removed, the adhesions will probably disappear.

Peritonitis, perityphlitis, periappendicitis accompany bilateral pyosalpinx or pyosalpinx of the right side in 70 per cent of subjects, because trauma of the psoas muscle induces peritonitis, not the pyosalpinx. Endo-appendicitis, i. e., perityphilitis and pyosalpinx, possess practically no relation to each other. Pyosalpinx and perityphilitic relations are independent, negative.

Lymphatics of the oviduct transport the lymph from the oviduct, not to it, and for oviductal infection to result by way of lymphatic route it must generally originally begin in the uterus, and then mainly only affect the peritoneal coat.

Lymphatics seldom transport infectious agents in the opposite course of their circulation.

Primary salpingitis originates from an infecting focus in the uterus.

The uterus can cause infection of the ovary because the blood and lymph vessels transport the agents from the uterus to the ovary; however, ovarian infection practically does not cause uterine infection.

Vast numbers of women recover from gonorrheal attacks exactly as vast numbers of men; however, gonorrhea is the more permanent, more recurrent from menstrual congestions and the more damaging mechanically in women than in men.

Established bilateral pyosalpinx of gonorrheal origin should in general be subject to operation—hysterectomy plus oviductectomy (not ovariotomy)—as the woman is septic, sterile, subject to painful and time-robbing recurrent inflammations. The uterus, with both oviducts (not the ovaries), should be removed per vaginam.

The ovary (the central, essential sexual organ of woman) or portions of it may practically always be preserved, because the gonococcus thrives poorly in the ovary.

The gonococcus is the king of beasts among germs, as it practically prepares the road for all other pathogenic germs by trauma, producing atria for infection.

The gonococcus invades the mucosa by penetrating the interepithelial substance,

producing a wound, a solution of continuity, which atria is exposed to the attack of any germ with consequent mixed infection.—Med. Council.

There are many commercially bright surgeons.

BORIC ACID POULTICE.—Mix a tablespoonful of cold water starch and a teaspoonful of boric acid with a little water; add the mixture to a pint of boiling water and stir the whole until a uniform mucilaginous mass is formed. When cold spread the jelly thickly on cotton and cover it with a piece of muslin. Then apply to the part. A good plan is to put on the poultice at bedtime and to remove it in the morning. It is useful in acute and subacute skin affections to cleanse and soothe prior to the applications of ointments, etc.—The Hospital.

SLEEPING SICKNESS.—The measures devised by the Governor of Uganda, Sir Henry Hesketh Bell, for combating the spread of sleeping sickness are, says Reuter, meeting with a considerable measure of success. During 1907 there were no new cases among Europeans, and the deaths among natives during the twelve months numbered less than 4,000. The whole of the population has been removed from the shores of the Victoria Nyanza, and it is hoped that the disease-carrying fly in that belt, if not reinfected, will gradually cease to be a source of danger. Several thousands of the sufferers from sleeping sickness are being maintained in segregation camps; but the treatment by atoxyl is not proving of much avail.

OPIUM CONSUMED IN THE UNITED STATES.—During the past four years 1903-1907, there were imported to the United States 2,436,771 pounds of crude opium (containing 9 per cent or more of morphine), 783,258 pounds of chandu or smoking opium, and 59,000 pounds of morphin. It is estimated that from 60 to 75 per cent of this opium is manufactured into morphine, and that 50 to 90 per cent of the morphine so manufactured is used illicitly. The habitual use of morphine is steadily becoming a national scourge. Our Chinese population is smaller than it was twenty years ago, still we are importing more than twice the amount of smoking opium than was imported then. Similar conditions exist in England, the country which, for her own commercial gain, against the entreaties and remonstrances of China, fastened the opium habit upon the orient, and which now finds itself becoming a victim of the same curse and its chickens coming home to roost.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month.

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EDITORIAL

The Season's Greetings.

THIS issue of the FORTNIGHTLY reaches our readers between two of America's most important holidays, days which have lost some of their original significance, but which stand out among holidays as days of *expressed* good will toward our fellowmen. It is all right to *think* that you love your fellows and wish them well, but it is quite another thing to tell them about it; it is the spoken word which works for the greater good for all concerned, for it must emphasize what is felt and make it more real, and it makes the variety of actions which really speak louder than words. "Merry Christmas" and "Happy New Year" are terms which should not be confined to the intimacy of the home if we are to get the most good from them. A reversion to the good old days when such a greeting was not unusual to acquaintances and to the very stranger would be something of an innovation in these busy days of intense competition in every line, but it could work nothing but benefit to mankind.

1908 has not been a banner year in the matter of good things for the medical profession; a few tell of interesting work, exceptional business with abundant pay therefor, but the rank-and-file say that business has been bad and collections impossible. We believe that the profession has experienced the depression that has characterized the experience of commercial callings, but we also believe that the signs of the time point to better things for the near future. There seems to be little call for a tearful valedictory to 1908, but there is abundant room for belief in the approach of a more prosperous period, and we are hoping for each of our readers a generous participation in all the good things which come. We wish you, health, happiness and prosperity during the coming twelve-months and after.

Skepticism of the Truth.

THE medical profession has frequently been accused of being all too ready to take up fads which seem to be worthy of serious consideration only to abandon them after a few brief months for the something new which comes to attract attention. While a lack of conservatism may have characterized our therapeutic position this cannot be said to have been true of anatomic and pathologic discoveries. The man of original mind in either of these fields has to fight his own battles or work with scant support from those who should be lending him every assistance and encouragement. The original work which is being done by Dr. Byron Robinson, and the recognition, or lack of recognition, he receives in some quarters demonstrates this. Fifteen years ago the doctor absolutely demonstrated the gonococcus invasion of the seminal vesicles; fourteen years ago he showed conclusively that gonorrhea caused rectal stricture, and at last the profession is beginning to believe him in both points. Many of his anatomic discoveries are accepted and entered in text in European anatomies, while as yet marked as debatable in America. This is not particuarlly encouraging to an investigator, but it will not deter one who works from his very love of work and who is able to supply his own enthusiasm from the wonders amongst which he is working.

In another department we are reproducing a short article from the pen of Byron Robinson, which is a masterpiece on the subject of gonorrhea, giving, as it does, the results of a tremendous amount of original research in clinic and autopsy room, and the facts on the subject with which every physician should be perfectly familiar. Gonorrhea is easily one of the most formidable troubles with which we come in combat; the profession has been slow to recognize its importance as a causative factor in the more obscure troubles; too many have made light of an infection in acute form when the possibilities of grave consequences for the patient himself and for the one nearest and dearest to him should preclude any such attitude.

The profession owes to Bryon Robinson much; it is slowly coming to accept the facts which he has given us; it has accepted much which it ridiculed a few years back. Lack of encouragement and ridicule have had no hindering effect on Bryon Robinson in his work, and the profession is reaping the result tardily through its own fault.

Subscribe for the MEDICAL FORTNIGHTLY.

The Status of the X-Ray.

WHILE speaking of medical fads and a lack of conservatism in adopting new and unique therapeutic methods and agencies we are reminded of the X-ray, which a very short time since was acknowledged as very near a cure-all in certain departments of medicine. To question the practical use of X-ray therapy a few years since was to lay one's self open to most stinging rebuke, yet X-ray therapy has demonstrated its dangers and its scope has been rapidly narrowing until we find it entirely eliminated from the offices of many of those who were its most ardent advocates a decade ago. Speaking on the dangers and abuses of the X-ray, W. S. Gottheil* states that the optimistic tide has turned as regards radiotherapy in dermatology, and that we do not now hear so much of its wonderful results. Experience is also teaching us that, while it may be of therapeutic use, it is also capable of doing great and even irreparable damage. Without venturing to criticize its use for other purposes, he believes that in dermatology, while it has a positive value in certain conditions, this utility is a limited one, and two conditions, in his opinion, must be present to justify its use. In the first place the affection must not be a trivial one; there must be sufficient reason, either from the gravity of the disease or on account of its effect on the patient, to warrant the use of a remedy of uncertain and possibly deleterious effect. In the second place the disease must be one that is not amenable to the ordinary accepted and safe modes of treatment. When employed it should be with caution, as its dosage is unmeasurable, the individual reaction unknowable in any given case and its results uncertain. It should also be used only by skilled operators, familiar with its dangers, and whose experience and known skill are guarantees that all needed precautions are taken. He gives a list of diseases in which he thinks it should not be used, including eczema, psoriasis, acne, alopecia areata, alopecia prematura, pruritus, hypertrichosis, folliculitis, verruca, ordinary ringworm, favus, etc., for all of which we possess other efficacious remedies. In lupus erthematosus it is conceded to be useless. He would also exclude epithelioma and rodent ulcer, except in cases unsuited for caustics, curetting or the knife. The X-ray may be used in lupus vulgaris, though it is not the only method of cure in many cases, and scrofuloderma and very extensive ringworm of the head and beard, on account of the tediousness of other treatment in such cases.

*Jour. A. M. A., November 21, 1908.

It is the method of choice in epithelioma and rodent ulcer, so situated that other treatment can not be employed or so extensive that other methods are hopeless, and in relapses after other methods; in tuberculosis cutis, erythema induratum and some other tuberculides; in sarcoma, mycosis fungoides, rhinoscleroma, keloid, and acne keloid, in which diseases Gottheil knows of no other remedy that has given as good results.

New Therapeutic Weapons.

Among the new weapons for therapeutic warfare now being offered for the replenishment of the busy physician's armamentarium the following are easily the most conspicuous, if not the most auspicious: Allylsulphocarbamid, brom-isovalerianic-acid-borneolester, ethylenediamine-sulphate of mercury, benzoylvinyldiacetonalkamine lactate, benzoylvinyldiacetonalkamine hydrochloride.

Formidable munitions these, suggesting by their ample proportions modern Dreadnoughts, and squirting defiance into the face of the very Gibraltar of disease! It is to be hoped that like another German product, the classic *egg noodles*, these articles *bend*—hence may be safely swallowed.

But seriously, what must be the effect of such agents upon Broca's convulotion of doctors who are engrossed in the most scientific juggling of such domestic monosyllables as *milk*, *eggs*, *air* and *rest?* J.

ST. LOUIS ITEMS.

The St. Louis County Medical Society held its annual election on December 14, electing Dr. R. B. Denny, president; Dr. H. T. Randle, vice president, and P. M. Bossard, secretary-treasurer.

Chancellor Houston of W. U.—The Washington University association gave a banquet to the new Chancellor of the university at the Planters on the evening of December 15th. The Medical Department was largely represented, and it is a happy fact of the present day that medical men are getting the real university spirit. Chancellor Houston is a man of most pleasing and scholarly personality, his attitude toward the medical and research departments must please all who are interested in their development. Under his guidance Washington University promises to become one of the small number of real universities of the country.

The Southern Surgical and Gynecological Society.—The meeting of the Southern Surgical and Gynecological Society held in St. Louis, Dec. 16, 17 and 18, was one of great scientific interest and full attendance.

The St. Louis Medical Society holds its annual election on the 26th, too late for us to give the result in this issue, but with the present very perfect system of conducting elections it is certain that the result expresses the wish of the majority and is certainly right; the nominations are strong and should assure efficient officers whichever way it goes.

Anti-Tuberculosis Campaign in St. Louis County.—A county branch of the State society for the Prevention of Tuberculosis was organized for St. Louis County at Webster Groves on the evening of December 14th. The society starts under most favorable auspices, with Dr. Howard Carter as president and Mrs. E. D. C. Thorne as secretary. It is thought that a tuberculosis hospital will be one of its early fruits.

The M. V. M. A. Meeting for 1909.—Preparations are under way locally for the meeting of the Mississippi Valley Association, which is to be held in this city in 1909. Dr. Louis H. Behrens has been appointed general chairman and the chairmen of the many subcommittees have received their appointments and the lines are being laid to make the meeting one which will recall the palmiest days of this important medical body.

Medical Aspects of the Proposed New City Charter.—The medical profession is evidencing a proper interest in the effort that is being made to get a charter for St. Louis which will be in keeping with the city's present size and needs. Several phases of the new instrument materially concern the profession and the public health, but the most important deals with the control of municipal hospitals. That the hospital management should be taken entirely out of politics needs no defense; there is some debate whether the most effective method of management has been outlined but the plan is the result of thorough deliberation in which men with a wide range of experience have participated, and it appears to us full of promise for greater effectiveness.

In rheumatism of syphilitic origin thuja cures through its alterative effect, it is stated.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

THE PHYSICIAN'S VISITING LIST FOR 1909. Philadelphia: P. Blakiston's Son & Co.

Fifty-eight years of consecutive appearance and a constant endeavor to improve should bring any book very near to perfection, and this visiting list is very near perfection as many of our readers know. The present edition shows little change from that of last year. It contains the same emergency information and the same practical arrangement of pages for accounts. It is issued in styles for from 25 to 100 patients a week; also a perpetual edition without dates, and a monthly edition. The cost is from $1 to $2.25, according to style, without discount, and it will be sent to any address, price and postage prepaid.

TABER'S POCKET ENCYCLOPEDIC MEDICAL DICTIONARY. By C. W. Taber and Dr. Nicholas Senn. A new departure in a medical dictionary. All important subjects defined encyclopedically. From one to three pages given to vital topics. Anatomy, physiology, therapeutics, dietetics, hygiene, operations and thousands of other subjects treated. Cross-indexed. Illustrated. 418 pages. Chicago: Laird & Lee. (Flexible black leather, gold stamping, gilt edges, $1.50.)

The above heading very fully outlines the plan of this helpful volume. The book possesses many advantages over any dictionary that we have seen and we feel certain that it will meet a need which many physicians and all medical students have felt.

APPLIED SURGICAL ANATOMY, REGIONALLY PRESENTED. For the use of Students and Practitioners of Medicine. By George Woolsey, A. B., M. D., Professor of Anatomy and Clinical Surgery in Cornell University Medical College, New York. New (2d) edition, enlarged and thoroughly revised In one very handsome octavo volume of 601 pages, with 200 illustrations in black and colors. Philadelphia and New York: Lea & Febiger, 1908. (Cloth, $4.50, net.)

The relations between anatomy and surgery are obviously closer than are possible between any other pair of medical sciences. Surgery grows out of anatomy and is conditioned by it in every step. It acknowledges its lineage by giving point and interest to the science of anatomy, which other wise would merit the "dry bone" epithet. Even these few words are scarcely needed to justify the advantage of presenting the two subjects in their intimate relations, a service which can only be adequately rendered by a single mind, master of both. Professor Woolsey unites these qualifications as an accomplished anatomist and practical surgeon, as well as a teacher of both subjects in one of the foremost medical colleges. His didactic skill is shown in covering so broad a field in a single convenient volume. A book may be said to have proved its value when the public has absorbed an entire edition and demanded more. Professor Woolsey has responded to this call by performing a very thorough interstitial revision, resulting in a considerable enlargement both in text and illustrations. The pictorial department of the book is notable for its extreme clearness and pertinence as well as for the use of colors. The work is of equal value to the surgeon or the general practitioner having surgery to do, as well as to the student of surgery still within college walls.

An English-Chinese Lexicon of Medical Terms, prepared by Dr. Philip B. Cousland, has just been published in Shanghai. The author although an Englishman by birth, has based his book largely upon the medical dictionary of Dr. George M. Gould, of Philadelphia, a high compliment to American scholarship. Dr. Cousland has recently published a translation of Prof. Halliburton's edition of Kirkes' Physiology.

The Tri-State Medical Association of Arkansas, Mississippi and Tennessee, held its twenty-fifth annual meeting in Memphis recently, and elected the following officers to serve for the ensuing year: President, Dr. William H. Deaderick, Marianna, Ark.; vice-president for Arkansas, Dr. T. S. Hare, Vincent; vice-president for Mississippi, Dr. S. W. Glass, Dublin; vice-president for Tennessee, Dr. J. A. Porter, Ripley; secretary, Dr. Eugene Rosamond, Memphis; treasurer, Dr. J. A. Vaughan, Memphis.

Animal Experimentation.—In view of the widespread objection to vivisection and the numerous tales of animal suffering consequent to animal experimentation which are credited by the public, it is very desirable that reports of such experimentation should dwell definitely on the fact that anesthesia, and thorough anesthesia, was employed in the work. The A. M. A. has issued a call asking writers to comply with this very reasonable request, and we would ask writers for the Fortnightly to aid the cause of science in this matter

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Renew Your Subscription.—Aceording to a recent ruling of the Post-office Department, no one is to be considered a subscriber to this magazine unless he shall sign a subscription blank, authorizing the publishers to continue same to his address. As we do nat wish to send the Fortnightly to anyone not desiring same, we must again request that all subscribers not wishing the journal, should fill out the blank found in this issue and return by early mail. The names of all who do not comply with this ruling by December 31, must be dropped from our list.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

INTERNAL MEDICINE.

O. E. LADEMANN, M. D.

A New Method of Treating Appendicitis.—Jaeger (Muenchener Med. Wochenschrift, No. 6, 1908) does not intend his proposed method of treatment, which is based on Bier's hyperemia, to substitute surgical interference, but to be applied to those cases who absolutely refuse an operation, or when the disease is of a mild or moderately severe type. His method of treatment consists of dry cupping the entire lower right quadrant once or twice daily of one-half hour's duration and repeating the procedure to the free surfaces that have escaped the first cupping. No medication is otherwise resorted to. The patient is to fast two or three days after which time a liquid diet is permissible and the cupping resorted to but once a day. The author reports six cases of appendicitis treated in this manner, all recovering. In five cases the pain ceased entirely after the second application, and in one after the fourth cupping. In no case was there a recurrence within $2\frac{1}{2}$ months to $1\frac{1}{4}$ years. In a severe case, continuous rectal injections of a normal saline solution were also given. Jaeger also advocates dry cupping of 20 to 25 minutes duration with 6 to 20 cups every three hours in those cases while the question of operation is being decided.

The Ocular Reaction to Tuberculin.—Wilson (Jour. A. M. A., Nov. 25, 1908) offers the following conclusions on Calmette's ophthalmic test based on his personal observations: 1. A positive reaction is fairly reliable evidence of the existence of tuberculosis. 2. A negative result does not exclude the possible presence of tuberculosis. 3. In properly selected cases and with tuberculin of proper strength, the test is free from any serious danger. 4. Tuberculin solutions of 0.5 per cent are to be preferred in all cases; solutions of greater strength should rarely, if ever, be employed. 5. The test is of value from the standpoint of prognosis. A prompt and vigorous reaction indicating that the patient is successfully combating the disease. 6. Very advanced and moribund cases fail to react, also cases of miliary tuberculosis. 7. The administration of tuberculin in moderate amounts, subcutaneously, will not develop the reaction in healthy persons. In tuberculous patients it accentuates the pre-existing inflammation, and may cause the appearance of the reaction. It apparently fails to develop the reaction in cases of acute miliary tuberculosis. 8. The theory of the existence of the state of anaphylaxis or local hypersusceptibility best explains the occurrence of the reaction. 9. No more than two instillations should be made, the opposite eye being employed for the second test. 10. The state of anaphylaxis or local hypersusceptibility produced in healthy persons is apparently not tranferred to the opposite eye. 11 The sensitization in the eye does not seem to be followed by a general hypersusceptibility, manifested by a reaction to the subcutaneous injection of tuberculin. 12. In the majority of cases no constitutional symptoms are associated with the reaction. No alieration occurs in the physical signs, such as frequently occurs following the administration of tuberculin subcutaneously. 13. A certain proportion of enteric fever cases give a positive reaction. This is most apt to occur in patients who are convalescing. 14. As yet there is no definite evidence for regarding it as a group reaction. 15. When the lesion is well healed and inactive a negative result is often obtained. 16. The test should not be resorted to if the diagnosis can be made by physical signs and symptoms.

The Therapeutic Value of Olive Oil in Stomach Diseases.- Pütimeyer's (Korrespondenblat tür Schweizer Aertze, No. 20, 1908) article embraces an extensive literary resumé of the subject and detail his own experience in 75 cases of gastric disease. The most conspicuous result of the oil administration is in causing a cessation of cramps and pain which is usually of a more or less permanent nature. Less constant and of a more transitory character is the effect on inhibiting gastric secretion. In cancer of the esophagus and cardia the dysphagia is reduced to a minimum. Also to be taken into consideration is the nutritive value the oil possesses and the stimulating effect it has on defecation. As a rule the oil is well tolerated and no bad effects are to be anticipated by its prolonged use. Its use is beneficial in ulcer of the stomach and in some cases may affect a cure.

Influenza and Influenzal Pneumonia.—Davis (Archives of Internal Medicine, Sept., 1908) contends that (1) in many epidemics of clinical influenza or grip, the influenza bacillus plays little or no part as an etiologic organism. 2. These epidemics appear to be due to a variety of organisms—the pneumococcus, streptococcus pyogenes, streptococcus mucosus and micrococcus catarrhal is being most commonly found in the secretion. An organism morphologically

and culturally identical with meningococcus was found in one case. 3. Complications following these cases are often serious and usually due to the pneumococcous streptococcus pyogenes and streptococcus mucosus. 4. The influenza bacillus is often found in so-called influenzal pneumonia, but not in all cases. It cannot be considered the primary cause. An abundant mixed bacterial flora is characteristic of the respiratory secretions in these cases. 5. Influena bacilli are commonly found in a great variety of infections. 6. Experiments both on animals and on human beings demonstrate that these bacilli possess pathogenic properties. They are often, or at least sometimes, non-virulent as they occur in the secretions. 7. As secondary invaders they undoubtedly unfavorably influence other primary infections.

The Blood Findings in Basedow's Disease.—Caro (Berliner klinische Wochenschrift, No. 39, 1908) made a study of 32 cases of Graves' disease with particular reference to changes in the blood. In the severer cases he noted a uniformly marked diminuation in the number of polynuclear leucocytes and an increase in the mononuclear variety. Even in the atypical forms (formes frustes) this increase in lymphocytes was observed. Without exception this increase in the mononuclear leucocytes became more marked upon the administration of thyroid extract preparations. The author regards the latter as being of diagnostic significance.

Treatment of Tetanus with Subarachnoid Injections of Magnesium Sulphate.—Miller (The Am. Jour. of the Med. Scs., Dec., 1908) briefly abstracts the reported cases up to date with a detailed account of a boy, seven years old, treated in the wards of the Johns Hopkins Hospital. A brief resumè of this case is as follows: Diagnosis.—Tetanus. Incubation seven days. Admitted on the tenth day. Eleven lumbar punctures were made within thirteen days, approximately 25. cc. of a 25 per cent solution of magnesium sulphate being injected into the meninges at each puncture. Extensive paralysis followed each injection and involved usually all the muscles, except those of the head, neck, and diaphragm and lasted approximately eighteen to twenty-nine hours. The injections were followed several times by respiratory collapse, lasting eleven to fourteen hours and the pulse dropped, though not to a dangerous level. Antitoxin daily for fourteen days, in doses varying from 1,500 to 7,000 units; copious saline enemas and infusions, and sedatives for a short time, were also used in the treatment. Discharged as cured five weeks after admission to hospital. Of the 14 cases on record treated with magnesium sulphate, 11 severe and usually fatal cases received subarachnoid injections, but of this number 5 recovered, making a mortality of 55 per cent. The three remaining cases were of a milder type and all recovered with infusions of magnesium sulphate. Miller says that it may be affirmed that by the use of magnesium sulphate it is possible to achieve complete muscular relaxation in almost all cases of tetanus; from the report of results there seems to be a distinct benefit to the patient in this condition, inasmuch as it prevents the rapid exhaustion due to convulsions and in most instances has made it possible for the patient to take nourishment. It may likewise be affirmed that, while as yet, there is comparatively little clinical evidence upon which to base general statements, yet it seems possible to avoid the dangerous effects of an overdose of magnesium salts, and it is likely that when the techinque has been worked out thoroughly the treatment will offer a possibility of saving a great many patients with tetanus who at the present time are given up hopeless at first sight.

Indicanuria.—Morgan (American Medicine, Nov., 1908) deducts the following from ac lose study of 82 cases of indicanuria: 1. The seat of formation of the toxins which give rise to indicanuria is in the lower segment of the small gut, as well as in the colon. 2. The chief distributing center of the toxins is the colon. 3. The underlying cause producing the toxins is imperfect digestion of protid foodstuffs in the small gut. Among the most frequent cause of this disturbed intestinal digestion are depressed nerve action due to overwork or disease; amounts rather than quality, of food taken in excess of the ability of the intestines promptly to take proper care of it; too great preponderance of one class of food taken over too long a period, when at the same time there may be more or less nerve depression. 4. The symptoms of indicanuria per se are not those of intestinal indigestion, with the exception of cases in which the degree of the putrefaction is so intense, or the mucosa is so highly sensitive, that toxins act as irritant poisons and cause diarrhea. The symptoms are quite uniform and present a more or less constant symptom-complex of a nervous or cerebro-spinal type. The symptoms bear a direct relation to the degree of indicanuria. Upon the other hand indicanuria and its symptom-complex bear an inverse relation to the presence of symptoms of ordinary intestinal indigestion or so-called "biliousness." Fever

is not a symptom of indicanuria and when present is due to other causes The almost constant symptom-complex is as follows. The individual complains of malaise; a constant but slight headache; inability to concentrate his mind; an intense drowsy feeling but at the same time more or less troublesome insomnia; a constant more or less marked vertigo; which is greatly increased in dimly lighted corridors and rooms so that he does not walk in a straight line from one point to another; impaired memory and great mental irritability. 5. The symptoms manifest themselves as soon as indican appears in excess in the urine, but persist for a greater or less time after the urine becomes normal, according to the duration of the indicanuria; for instance, a physician affected with indicanuria for a period of five days was entirely relieved of the symptoms within twenty-four hours after the disappearance of the excess of indican. On the other hand, in another patient who had suffered from this condition for eight years toxic symptoms continued for three or four months after the disappearance of the indican and then gradually subsided. 6. Indicanuria in Washington is four times as prevalent from January first to June first as during the remaining months of the year, which fact goes to strengthen the author's assertion that the underlying cause for the disturbed intestinal digestion is nerve depression. For here where the year's work is crowded into a few months, brain fag begins in the early spring. 7. The cure for indicanuria must come through preventing the formation of toxins and, what is quite as important, the elimination of the supply on hand.

Blood Changes in Anesthesia.—Hamburger and Ewing (Jour. A. M. A., Nov. 7, 1908) discusses this subject at length, arriving at the following conclusions: 1. In an analysis of the blood changes incident to nitrous oxide anesthesia in a series of clinical and experimental observations they find that: (a) The hemaglobin is not permanently reduced nor is anemia produced. (b) Hemolysis is not increased. (c) The changes in the readings of the hemoglobin and erythrocytes are transient and of no surgical significance, and are most likely to be explained on the basis of capillary stasis. The production of reduced hemaglobin is not a result of the anesthetic itself, but is due to the accompanying asphyxia. (d) The changes in coagulation time are not constant, but in general there is an increase in the time required for clotting most marked about the third day. 2. In an analysis of the blood changes incident to ether anesthesia in a series of experimental observations they find that: (a) The hemoglobin is slightly reduced, and therefore an anemia is produced. (b) Hemolysis is not materially increased. (c) The changes in hemoglobin and erythrocytes are to be explained on the basis of blood inspissation. (d) It causes a marked decrease in the coagulation time, most marked from the seventh to tenth days. 3. A series of experimental observations on chloroform anesthesia showed that: (a) The hemoglobin is reduced, and therefore an anemia is produced. (b) Hemolysis is increased. (c) It causes a slight decrease in the coagulation, most marked in the seventh to tenthh days. 4. In a comparison of the three anesthetics from the standpoint of the blood changes they conclude that nitrous oxide causes no permanent effects of any significance; that either causes more harmful changes (slight anemia and marked decrease in coagulation time); that chloroform causes the most harmful results (hemolysis) and production of distinct anemia.

OTOLOGY.

A. F. KOETTER, M. D.

The Ophthalmo, Cutaneous and Dermo Reaction of Tuberculosis.—(Compilation of Dr. Valentin, Bern.)—The fact that tuberculosis of the middle ear with the manifold characteristic symptoms does not always show a typical clinical picture, is well known. It would be of great value for the recognition of this tuberculosis, if we could gain some means for the diagnosis, to recognize at least with some degree of certainty tubercular changes, to differentiate between it and other non-specific middle ear diseases. The proof of a specific excitant is rather uncertain, tubercle bacilli in the secretion, even when certain of tuberculosis no matter how often and what method of examination, are not detected. Diagnostic tuberculin injection, if strong positive reaction be absent, cause some hesitation. Test excision and histological examination of the excised tissue give the safest results, but may be too complicated for many investigators, and always anticipate such changes as would justify the excision.

It therefore stands to reason that because of these difficulties the value of the new methods of diagnosis for tuberculosis should be given a thorough test. We considered it justifiable, on account of the immense amount of literature to compile these methods, and let the reader form his own conclusions as to the value of this tests and

secondly, their value in the diagnosis of middle ear tuberculosis.

Subjects of our description are: 1. The cutaneous tuberculin test of Von Pirquet.

2. The conjunctival or opthalmo reaction of Wolff-Eisner and Calmette.

3. The cuti or percutaneous or salve tuberculin of Lignieres and Moro. Technique and course of these reactions are as follows:

Von Pirquet Reaction.—The solution consists of one part old tuberculin, two parts physiological salt solution and one part 5 per cent carbolic glycerine solution. Of this mixture two drops, at a distance of 6 cm. from one another, are put on the forearm, which has been washed with ether, then scarified with a vaccination sacrifier, scalpel or vaccine piercer of von Pirquet. As a control a vaccination of carbolic glycerine solution of the above, without the tuberculin, is made. If the reaction is positive a distinct reddening in the vicinity of the vaccination is visible in about three hours. Ordinarily this appears in twelve to twenty-four hours. It is judicious to divide the distinct reaction into three grades: 1. Distinct reaction. 2. Strong reaction. 3. Very strong reaction. In the very strong reaction at the point of vaccination considerable exudate and crust formation may occur, so that the picture reminds one of a vaccine papule of small-pox virus. Wolff-Eisner and Kroenig had lymphangitis with swelling of the glands following cutaneous reaction, this all disappeared after three days. The time in which the reaction disappears varies from one day to several weeks.

For sake of completeness the Detresche differential tuberculin test is given. Considering that there is a bovine and a human tubercular infection, the von Pirquet vaccination is done with bovine and human tuberculin infilterate, and then according to the kind of infection the one or the other point of vaccination will react.

2. Wolff-Eisner or Calmette Reaction.—a. Conjunctival reaction of Wolff-Eisner.—The patient is allowed to rest head backward to prevent the escape of the drop instilled The lower lid is drawn away somewhat and the tuberculin drop instilled, after about one-half minute the eye lid is released. After this manipulation the patient with head backward must not close the eye in order to prevent the escape of the drop by contraction of the lids.

As a solution Wolff-Eisner uses Koch's old tuberculin, 1 per cent in 0.8 per cent physiological salt solution. Higher concentrations were used experimentally by Lewy (2-4 per cent), Eppenstein, Maase (0.5-per cent), Wolff-Eisner in his first attempts used a 10 per cent solution. The solution should not be over eight days old. A contamination by bacteria must be carefully avoided, to prevent infection of the conjunctiva, and secondly, this would destroy the action of the diluted tuberculin. Of the prepared preparation Wolff-Eisner recommends the tuberculin of Ruete-Enoch, Hamburg, Hermanstrasse 5, for ophthalmo reaction.

After six to 24 hours in case of a positive reaction the conjunctiva becomes slightly reddened. Wolff-Eisner also differentiates between three grades: 1. The process does not exceed slight reddening. 2. Besides strong reddening there appears mucous fibrin exudate. It should also be mentioned, that in only slight conjunctival reaction, when we cannot speak of a positive reaction, an exudate occasionally appears. Examination of the exudate and determining of the leucocytes in percentage increase the value of the test (cyto-diagnosis, Lafan, Lautier and Dietschy). In the third grade all the appearances of the second grade are intensified combined with softening of the conjunctiva and chemosis.

Calmette's Ophthalmo Reaction.—In Calmette's test which as to method and execution does not differ materially from Wolff-Eisner's, Calmette uses a 1 per cent tuberculin solution in alochol instead of Koch's old tuberculin. This so-called tuberculin preparation is manufactured by the Pasteur Institute in Lille. An irritation of the conjunctiva by the glycerine of Koch's tuberculin is avoided by this preparation.

3. *Reaction of Ligniere's and Moro.*—Kuti reaction of Liginere.—The skin over the biceps is carefully shaved with a safety razor to avoid injury to the skin. Following this five to six drops of undiluted tuberculin are rubbed into the skin for one to two minutes, either with the finger over which finger stall has been placed, or with a small pledget of cotton held by a forceps. The absorption of the tuberculin can be hastened by rubbing the skin with alcohol or xylol before applying the solution. The positive reaction appears 24 to 48 hours after the inunction in form of slight itching eruption consisting of small papules, which if very numeruos confluesce. If the reaction is stronger blisters form and sometimes pustules with crust formation. In weak reaction the eruption disappears in four to five days. Lignieres differentiates between three grades. In the first there are not more than ten individual papules present; in the second there are more than ten papules, some of

which confluesce. In the third grade the papules are so numerous that they flow together into large plaques. General symptoms have not been noticed by Lignieres.

Lautier modified the cuti-reaction somewhat. A cotton pledget saturated with two to five drops of a 1 per cent tuberculin solution (Lille) is placed on the uninjured skin on the outer side of the arm, covered with gutta percha and fastened with a bandage. After 24 to 48 hours in the tubercular the reaction appears and is visible from two days to three weeks.

Moro's percutaneous reaction (salve reaction).—The skin below the ensiform process or near the mamilla is rubbed with a piece of tuberculin salve, the size of a pea, for one-half to one minute under moderate pressure, and the place is exposed for about five minutes. The salve consists of equal parts of old tuberculin and lanolium anhydricum, and keeps, if kept in a refrigerator, its action for months. Appearance and course of the reaction are similar to lignieres test. Moro also differentiates between three grades. It should be mentioned that in the Lignière-Moro reaction the skin often shows the picture of a lichen scrophulasum.

Further reactions not to be recommended, but which are mentioned are the rhino-reaction of Lafite-Dupont and Molinier, the urethral tuberculin reaction of Oppenheim. according to Lafite-Dupont and Molinier tuberculin is spread on the nasal mucous membrane, or applied with a tampon for ten minutes. In positive reaction a crust is formed on the inflamed mucous membrane, the disadvantage of such a troublesome irritation of the nasal mucous membrane is easily recognied. Still more disturbing for the patient is the urethral tuberculin injection of Oppenheim. He introduced a drop of a concentrated old tuberculin into the urethra. After twenty-four hours, if positive reaction some burning and itching was felt, which was increased on urination. At the orifice a white secretion was noticed. After another twenty-four hours these symptoms had disappeared. Oppenheim himself arrived at the conclusion that this reaction was of no practical value for diagnosis.

This compilation was simply intended for those reactions which could be considered in diagnosis of middle ear tuberculosis. In order to decide as to the value of the reactions for diagnostic purposes we must in the first place look over the result of investigators in the so-called surgical tuberculosis. They are Bazy, Molis, Dufour, Kraemer, Eppenstein, Carlier, Le Fort, Gaudier, Mouton. All these authors agree that the conjunctival or ophthalmo respectively cutaneous reaction are of value in diagnosis of tuberculosis in surgery. A high percentage of tubercular patients respond, only severely ill individuals and cachectic tubercular patients do not react. Chauffard mentions a case of tubercular appendicitis in which the ophthalmo reaction was negative. At first glance these reactions for diagnosis of middle ear tuberculosis would seem of great value. On the other hand, we are discouraged from using the ophthalmo reaction, as there are a number of cases in the literature of more or less severe injury to the eye following its use. When you see the artificial diseases of a previously healthy eye and the long duration of the disease we can hardly believe in the harmlessness of the reaction. As to the other reactions they are harmless, but their value as a diagnostic aid is questionable. Only an isolated middle ear tuberculosis must be had, we could never exclude any other tubercular focus. According to Naigeli every individual is tubercular. In post-mortem sections of adults he found in 97 per cent tubercular foci. Burkhardt in 91 per cent, Schmorl in 97 per cent, Lubarsch in 89 per cent, and Hamburger in sections of chlidren between 11 to 14 years, 70 per cent had tubercular foci. These results coincide with the fact that healthy individuals, viz., such with latent tuberculosis react positive with the ophthalmo as well as the cutaneous reaction. A case of Prouff, a man with tetanus showed positive reaction. In the post-mortem a small cheesy gland was found, nothing else tubercular.

From these discussions it will be seen that the conjunctival, cutaneous and pericutaneous tuberculin reaction assists in the diagnosis, but very slightly, strong reaction in an otherwise healthy individual in whom the most careful examination discloses the absence of any tubercular foci in other organs may lead to a suspcted ear middle process with a degree of certainty that further examination may show to be a primary tubercular middle ear process. But on account of the extreme rarity of primary localized tuberculosis of the middle ear, all these reactions will never win a practical diagnostic importance.

Birth Rate in New York.—The recent alarming statements in regard to the birth rate in the United States have called forth a counter statement to the effect that the birth rate in New York is remarkably high, far exceeding the death rate. It is thought that the foreign-born population with its large families is to be credited with this keeping up of the rate.

SOCIETY PROCEEDINGS

MEDICAL ASSOCIATION OF THE SOUTHWEST.*

Abstracts of papers read at the Third Annual Meeting, held at Kansas City, Mo., October 19-21, 1908.

(Continned from page 563.)

Chorea.—Dr. M. A. Kelso, Enid, Oakl.: Probably as many remedies and therapeutic agents are used in Sydenham's chorea as in any other disease known. The sanitary surroundings of the patients must be corrected and they must be relieved from all excitement—isolated from crowds and from irritation. Quiet—absolute rest—constitute the best of all cures. The companions of these patients should be jovial and jolly, but not too hilarious. No sad or solemn occasions should be brought to their view, no horrifying stories or exciting novels read. Frequent and healthful baths should be employed, and, when not excitable, cold applications made to the spine. I have obtained good results by using ice frequently rubbed up and down the spinal column. If ice is not obtainable a towel may be wrung out of cold water and applied frequently to the spine. It will afford great relief. The diet should be of rich, blood-making foods; hence the drugs used should be tonics and regeneratives, especially those working or acting on the blood-making functions.

DISCUSSION.

Dr. S. S. Glasscock, Kansas City, Mo.: Season is one of the important factors in this disease, the affection beginning usually in the springtime. The more highly civilized a people, the more susceptible they are to this malady. It is a disease of childhood; practically it does not occur after maturity, especially chorea minor. The disease frequently occurs in girls. We should not lose sight of the close relationship between chorea and rheumatism, nor of the manifestations of rheumatism in patients with chorea. It is a question whether a case of chorea ever occurs or not unless preceded, accompanied, or following rheumatism, or some of its manifestations. In treatment, the child should be removed from excitement and annoyance, and everything should be done to improve the nutrition and to get the patient in a condition favorable for recovery. Dr. W. S. Lindsay, Topeka, Kan.: In hereditary chorea we have a condition of the sympathetic nervous system which must be entirely independent of any infection. While there may be infection in many of the Sydenham cases, we know that shocks from fright will develop chorea. It is a sympathetic disorder. I think that this is the most complex disorder we have to deal with.

Dr. E. H. Martin, Hot Springs, Ark.: One form of chorea which we see probably oftener than we do real chorea is the initiative form. History gives us many cases in which girls at boarding schools have been broken up by one case of chorea getting into the school, and dozens of pupils developing the disease thereafter, which was just as real apparently as the original case. The fact that we have this imitative chorea from mere suggestibility shows that it is not necessarily an organic disease, dependent on a lesion, or an affection dependent on an infection. The disease usually develops in those people whose nervous switchboard is a little out of order; their sympathetic nervous systems are a little irritable, and they develop chorea without an organic lesion or without an infection.

Dr. G. W. Moody, San Antonio, Tex.: Chorea is a neurosis in every case. It occurs in neurotic individuals, as all neuroses do. There are two forms, one occurring in grown people, which is chronic, and one occurring in children, which is generally acquired, and which we consider to be infectious in its nature. In the care of these patients two or three things are strongly indicated. The first is rest, freedom from excitement, and freedom from those things in which suggestion plays so prominent a part in all form of neuroses. Attention should be given to cleanliness and to nutrition, and all those things should be recommended which will conduce to the increase of nutrition.

Dr. C. S. Merriman, Kansas City, Mo.: I believe that we might call this disease a starved neurosis. I am inclined to the opinion that chorea, as we see it in children, is ana nemic condition, whether due to a heart lesion, to rheumatism, to some form of indigestion, or to anything else. There is an anemic condition—a starved condition—of the nerve centers. It nearly always occurs in children whose digestion is easily affected, whose nervous systems are easily disturbed, and so we can understand how the trouble can develop readily in a child. No matter what the cause of the trouble, rest, good food and little medicine are sufficient to effect a cure. We should not neglect proper bathing and hygienic surroundings.

Dr. M. L. Perry, Parsons, Kan.: I wish to emphasize the importance of rest in these cases of chorea. We should take these

* Jour. A. M. A.

patients away from school and from ordinary excitement. It is only in this way that we can enforce rest. It is difficult to make a child take the necessary rest if it is allowed to run about the house, hence it should be put to bed, for at least a considerable part of the day. In addition to rest, we should adopt tonic lines of treatment.

(To be continued.)

FAVORITE PRESCRIPTIONS

SPASMODIC OR CATARRHAL CROUP.—

Tinct. belladonnae fol..... gtt. x
Chlorali hydrati..... grn. viij-xx
Potassii bromidi.....grn. xv-℥j
Syr. acaciae .....fl. ℥iv
Aquae, q.s. ad.....fl. ℥ij

M. Sig.: Teapsoonful in water, and repeat in two or three hours if required. Use to relieve laryngeal spasm. For child two to eight years old. Smaller doses for younger children.—Ex.

IPECAC IN DYSENTERY.—We are in the habit of thinking of ipecac only as an emetic and expectorant. We forget that it is a very powerful remedy in acute dysentery and that one of its oldest titles was radix antidystentericus. Its antidysenteric properties were known in the 17th century. In doses of 30 to 60 grains the pain and tenesmus disappear, the stools diminish in frequency and improve in character. That which has been freed from emetin is preferable in the treatment of dysentery.—Critic and Guide.

A GOOD REMEDY FOR BURNS.—The formulary of Nouveaux Remedes recommends the following application for the relief of extenisve burns, as they often occur in workshops, factories, foundries, etc.

Carbolic acid (liquid).... 25 drops
Dextrin, finely powdered.125 grams
Tincture of aloes ..... 65 grams
Dilute spirits of camphor
(1:39)..... 30 grams
Lead nitrate, pure..... 1 gram
Tannin ..... 1 gram
Cherry laurel water.....150 grams

The dextrin is mixed with the spirit of camphor and the tincture. The lead nitrate and tannin are dissolved separately in the cherry laurel water and mixed. This mixture is gradually added to the dextrin suspension, and the whole thoroughly mixed to a homogenous mass.

When this mixture is spread upon the burned surface it gives immediate relief from pain, and at the same time forms a protective layer.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEASLES.—

Ammonii chloridi..... grn. xlviii
Syrupi..... fl ℥iv
Mucilag. acaciae, q.s.ad.... fl. ℥iii

M. Sig.: Teaspoonful in a little water every two hours. Used as expectorant in presence of bronchitis. For child two to six years of age.—Ex.

The Abbott Alkaloidal Company has lately opened a St. Louis office to meet rapidly increasing business needs in this city and the country tributary. They have chosen a location in the heart of the wholesale drug district, having located in the Granite Building at 4th and Market streets, where Mr. G. B. Self is in charge and is at home to friends always. The opening of this office is again satisfying to St. Louis. Chicago business houses are rapidly learning how necessary and profitable St. Louis agencies may be.

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